

Child Fatality/Near Fatality County Webinar

Presented by the Children's Services Operation Bureau
February 22, 2018

HOUSEKEEPING

- All participants are on mute and will be unmuted periodically to provide feedback. To be unmuted, click the virtual “raise hand” feature within GoToWebinar. Keep your virtual hand raised until your question is answered, after which you may click on the same icon to put your virtual hand down.
- Do not use the HOLD BUTTON
- To enable the speaking option, please enter your Audio PIN after entering the Access Code.
- Feel free to use the chat feature to ask questions during the webinar.
 - Common questions will be answered verbally
 - Any unanswered questions will be responded to after the webinar via email
- When speaking, please state your name and county/agency

WEBINAR OUTLINE

Section 1: Investigating CF When There Are No Other Children In The Home

Section 2: Updating CWS/CMS

Section 3: Near Fatality Reporting

Section 4: Abuse & Neglect In Utero

Section 1

Investigating CF When There Are No
Other Children In The Home

POLL QUESTION

Does your county investigate child fatalities when there are no other children in the home?

(Either due to the death of the only child in the home or because siblings live with another parents/caregiver)

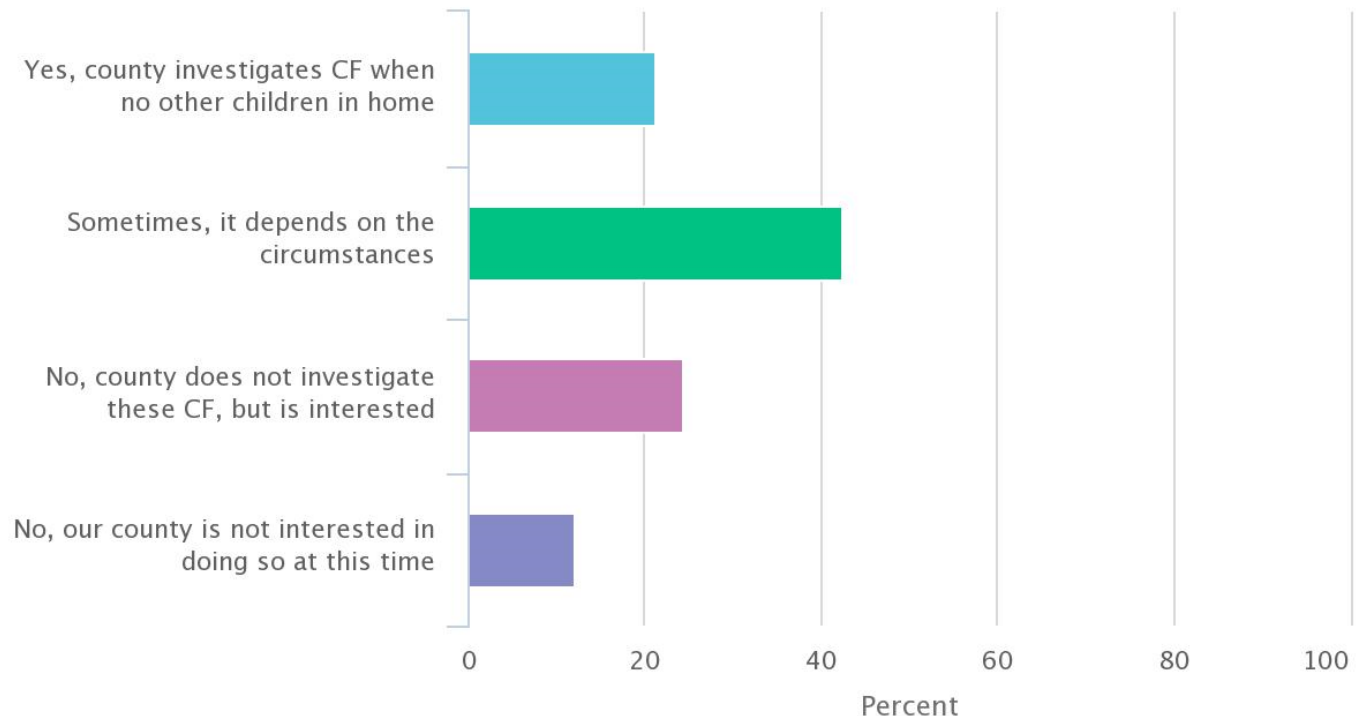
- ☐ Yes, our county investigates child fatalities when there are no other children in the home
- ☐ Sometimes, it depends on the circumstances
- ☐ No, our county does not investigate these child fatalities, but is interested in doing so
- ☐ No, our county is not interested in doing so at this time

NOTES FROM WEBINAR: POLL QUESTION RESPONSES

Poll Results:

- A 21 %
- B 42 %
- C 24 %
- D 12 %

Does your county investigate child fatalities when there are no other children in the home?



INVESTIGATING ABUSE/NEGLECT-RELATED FATALITIES WHEN NO CHILDREN REMAIN IN THE HOME

- Importance of investigating abuse/neglect-related fatalities when no children remain in the home:
 - To document in CWS/CMS the allegations against the perpetrator(s) and circumstances of the fatality for future assessments/investigations involving the perpetrators.
 - To ensure the perpetrator is reported to CACI, if substantiated physical abuse or severe neglect, in the event the perpetrator applies to be a resource parent, a child care provider, etc., so the CACI report is included in the perpetrator's background check.
 - To verify there are indeed no children remaining in the home.
 - To ensure the safety of other child to who the perpetrator may have access.
- Law enforcement investigations may not address all of these reasons due to the differing perspectives between criminal investigations and child welfare investigations.

GROUP DISCUSSION

- Are there CWS/CMS limitations to documenting substantiated allegations or other data entry issues without face-to-face contact with the deceased child?
- For those counties already engaging in this practice, what legal authority did county counsel authorize to investigate cases when no children remain in the home?
- Are there other barriers that counties have encountered when engaging in this practice? How have counties addressed these challenges?

NOTES FROM WEBINAR: INVESTIGATING CF WHEN THERE ARE NO OTHER CHILDREN IN THE HOME

- Daniel Wilson – Manager from the Critical Incident, Oversight & Support Unit 2 presented.
- Discussed the importance of investigating abuse/neglect related fatalities when no children remain the home (see prior slide).
- Teri Self of San Bernardino (SB) County – SB County currently investigates child deaths when no siblings remain in the home. Self provided instructions about how to update Child Welfare Services/Case Management System (CWS/CMS) and close a referral without having a face to face interaction with the deceased child.
- Discussion was held to provide instruction and the legal validity of investigations of child death when no children remain in the home. Self cited WIC 10850.4 which gives county authority to investigate.

SECTION 1

WEBINAR QUESTIONS & ANSWERS

- Q1: Could we not enter all contact notes like San Bernardino stated and then evaluate it out? Can we send to CACI if law enforcement interviewed perpetrator, but CWS did not?
- A: Daniel: CW has to have substantiate to send to CACI.
- Q2: Doesn't Division 31 regulations state that a face-to-face contact has to be made with the victim child and at least one adult with knowledge of the situation?
- A: Daniel: The purpose of this section of the webinar is to understand concerns and barriers regarding investigating when no other children are in the home. Question Q2 has been noted as a possible concern or barrier. More information to come on possible resolutions.
- Q3: How can you substantiate without face to face with child?
- A: Daniel: Utilize information from other sources, such as when a child is nonverbal. Please see response to Q2 above.

Section 2

Updating CWS/CMS

TECHNICAL ASSISTANCE WITH COUNTIES

➤ Common Themes:

- Discrepancy on SOC 826
- Unknown Perpetrator
- Unknown Cause
- Allegation Discrepancies

CASE SAMPLE

Background:

- FM case was opened at the time of the critical incident due to medical neglect by the mother and alcohol abuse.
- VC has a life threatening condition.

Critical Incident:

- VC was admitted to the ER due to his medical condition
- Mother delayed seeking medical attention causing the NF
- Referral was closed with an inconclusive Severe Neglect allegation.

Technical Assistance with County:

- Consulted with county contact regarding inconclusive allegation.
- Agreed to upgrade conclusion from inconclusive to substantiated, in line with reporting requirement.

Client Services - [REDACTED]]

File Edit Search Action Associated Attach/Detach Window Help Toolz

Summary ID Reporter Assignment Spec Proj

Referral Summary

Referral Name: [REDACTED] Referral ID: [REDACTED]

Received Date: 07/14/2014 Received Time: 05:34pm Investigating County: [REDACTED]

Status

Referral Status: Closed

Completed Due Date: 08/13/2014 Original End Date: 08/02/2014

Response: Immediate

Approval Status: Approved

Staff

Screeners: [REDACTED]

Primary Staff Person: [REDACTED]

Contact Information

First Contact Date: 07/14/2014 First Contact Time: 07:30pm Contact Type: Actual

Reopen History

	Reopen Date	Reopen Reason	Reopened By	End Date
1	10/12/2016	Change Disposition	[REDACTED]	10/12/2016

Reopen Date: 10/12/2016 Reopen Reason: Change Disposition

End Date: 10/12/2016 Reopened By: [REDACTED]

Reopen Comments: At the request of [REDACTED] conducted further review of the existing documentation for this referral. There was no new information or reinvestigation of this referral. [REDACTED] determined that the allegations of severe neglect should be substantiated.

CHILD WELFARE SERVICES CASE MANAGEMENT SYSTEM

Case Sample

GROUP DISCUSSION

What are some barriers counties face with reopening a closed referral to update information?



Reopening a Closed Referral



TWO WAYS TO REOPEN A CLOSED REFERRAL:

II. You can use the **Determine Response...** command if:

- ✓ the referral has been closed with a Decision of "Evaluate Out" or "N/A Secondary Report"
- ✓ you have access to the referral
- ✓ you have Closed Case/Referral Update privilege

To reopen a Closed Referral using the *Determine Response...* command, follow these steps:

1. Open the Referral.
2. Select the **Determine Response...** command from the **Action** menu.
3. In the **Determine Response** dialog box, remove or change the response in the **Decision** field to something other than "Evaluate Out" or "N/A Secondary", and select **OK**.
4. In the **Reopen Referral** dialog box, add a **Reopen Reason**, a **Reopen Comment**, if needed, and select **OK**.



Note: Referrals closed with a Decision of "Evaluate Out" or "N/A Secondary Report" and that have approved Client Dispositions entered cannot be reopened through the *Determine Response* dialog.

I. You can use the **Client Disposition...** command if:

- ✓ the client has not been pushed to a case
- ✓ you have access to the referral
- ✓ the staff (county that closed the referral) has Closed Case/Referral Update privilege

To reopen a Closed Referral using the *Client Disposition...* command, follow these steps:

1. Open the Referral.
2. Select the **Client Disposition...** command from the **Action** menu.
3. In the **Select Notebook** dialog box, select the referral and select **OK**.
4. In the **Client Disposition** dialog box, change the **Closure Reason** and **Closure Reason Date** and select **OK**.
5. In the **Reopen Referral** dialog box, add a **Reopen Reason**, a **Reopen Comment**, if needed, and select **OK**.

REOPEN HISTORY GRID – REFERRAL SUMMARY PAGE

This grid maintains an ongoing record of when the current referral was reopened, the reason it was reopened, who reopened the referral, and when the referral was closed again. The **Reopen Date**, **Reopen Reason**, and **Reopen Comments** are populated from the Reopen Referral dialog. The **End Date** and **Reopened By** are system populated.

Reopen History			
Reopen Date	Reopen Reason	Reopened By	End Date
Reopen Date	Reopen Reason		
End Date	Reopened By		
Reopen Comments			

CHILD WELFARE SERVICES CASE MANAGEMENT SYSTEM

Instructions on
how to reopen a
closed referral

<https://cwscms.osi.ca.gov/>

BEST PRACTICE

Update CWS/CMS when new information is learned
for accurate data collection.

RESOURCES

- ACIN I-03-13, Complete, accurate, and timely data entry and updates to the Child Welfare Services/Case Management System data.
- ACL 08-13, provides guidance on how to update a client's record in CWS/CMS after a referral is closed.
- Additional CWS/CMS instructions can be found at:
<https://cwscms.osi.ca.gov>

SECTION 2

WEBINAR QUESTIONS & ANSWERS

- Q1: County expressed barriers in substantiations. County stated there are limitations to severe neglect allegations that require substantiation and must change to general neglect. County stated that they need to substantiate an allegation in order to promote it to a case.
- A: Daniel: This was a functionality issue of CWS/CMS. Those issues should have been addressed, as a case can now be opened without a substantiated allegation (such as when opening a voluntary case on an inconclusive allegation). For more information, please contact your county's CWS/CMS Project System Support Consultant -
https://www.hwcws.cahwnet.gov/countyinfo/county_contacts/contact_list.asp.
- Q2: Only issue is when the SW who closed case is no longer there and there is no authority for subsequent supervisor to open. QA has authority to open.
- A: Daniel: This may be a privilege issue in CWS/CMS. Need to make sure right people have privilege to reopen referrals. For more information, please contact your county's CWS/CMS Project System Support Consultant -
https://www.hwcws.cahwnet.gov/countyinfo/county_contacts/contact_list.asp.

Section 3

Near Fatality Reporting

POLL QUESTION

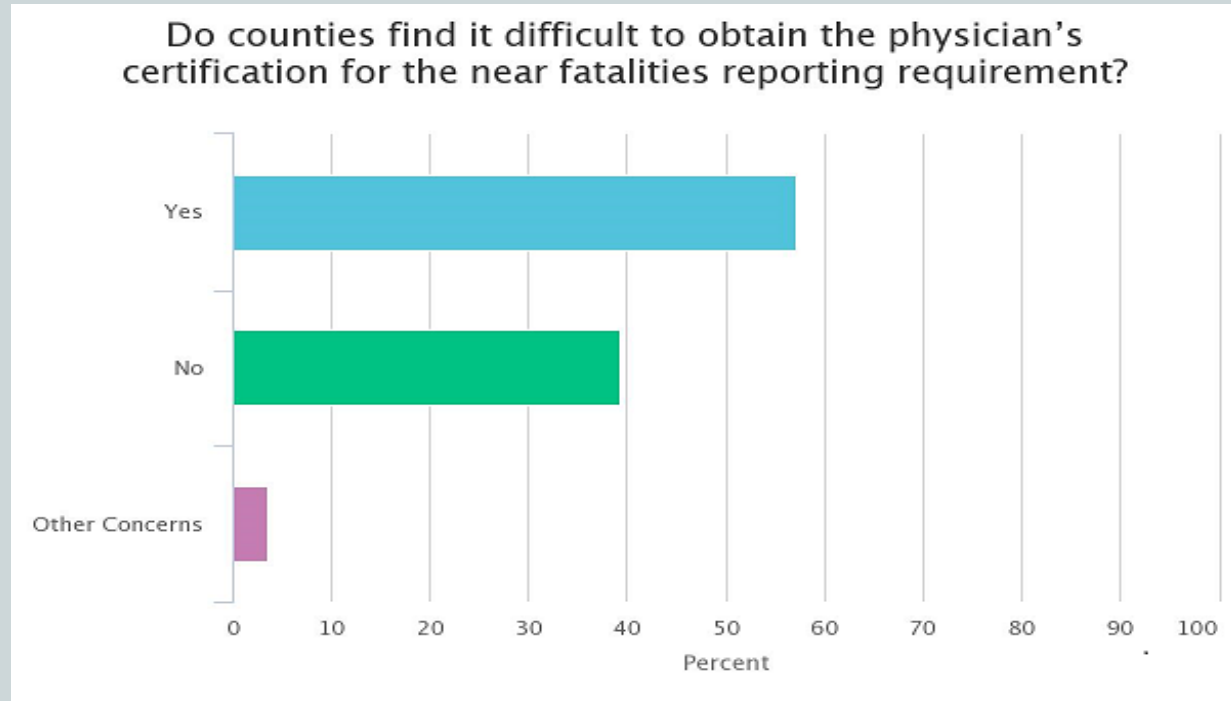
Do counties find it difficult to obtain the physician's certification for the near fatalities reporting requirement?

- ☐ Yes
- ☐ No
- ☐ Other Concerns

NOTES FROM WEBINAR: POLL QUESTION RESPONSES

Poll Results:

- A 57 %
- B 39 %
- C 04 %



CDSS is working with the California Department of Public Health to disseminate an All Facilities Letter to hospitals regarding this requirement and the roles of physicians and hospital staff. An All County Information Notice is also in development to aid county child welfare agency staff in their conversations with hospital staff regarding near fatalities.

NEAR FATALITY REPORTING REQUIREMENT OVERVIEW

REPORTING

As of January 1, 2017, any near fatalities that occur will be defined as: *“an act that, as certified by a physician, places the child in serious or critical condition.”*

- Defining “serious” and “critical”
 - **Serious** -Vital signs may be unstable and not within normal limits. Patient is acutely ill. Indicators are questionable.
 - **Critical** -Vital signs are unstable and not within normal limits. Patient may be unconscious. Indicators are unfavorable.
- Source: American Hospital Association

NEAR FATALITY REPORTING REQUIREMENT OVERVIEW

TWO CONDITIONS MUST BE MET:

1. Physician certified child was in critical or serious condition and
2. Either:
 - a) LE investigated and concluded that child abuse and/or neglect occurred or
 - b) CW agency substantiated that child abuse and/or neglect contributed to the near fatality.

County shall **NOT** report nor disclose on child NF caused by the following person, unless neglect by the parent, guardian, foster parent or resource family contributed to the near fatality:

- a) An alleged perpetrator who was unknown to the child or family prior to the near fatality.
- b) A minor, unless acting in the role of a caregiver.

For more information, please see **ACL 16-109**

DRAFT FLOW CHART FOR DETERMINING NEAR FATALITIES – COMMUNICATING WITH THE PHYSICIAN

Is the child now or has the child been in serious or critical condition since admission to the hospital or since the injury occurred?

Answer: Unclear or won't say

Answer: No

"Fair," "Good," "Stable" or equivalent

DOES NOT MEET
REQUIREMENT FOR NEAR
FATALITY

Answer: Yes

"Serious," "Critical" "Life threatening" or equivalent

REPORT AS NEAR FATALITY

Have child's vital signs been unstable at any point since admission or since the injury occurred?

At any point since admission or since the injury occurred, has the child's prognosis been questionable or unfavorable?

Has child been admitted to critical care due to the severity of his/her illness or injury?

WORKING DRAFT

If Doctor indicates "yes" to any of these questions, then read the definition of "serious" and "critical" and ask if the physician agrees that this describes the patient in question.

If the doctor indicates that one of these definitions fits the child, then the situation is a "near fatality."

If the doctor indicates that the child has never had unstable vital signs and that the prognosis has never been questionable, then the situation is not a near fatality.

SECTION 3

WEBINAR QUESTIONS & ANSWERS

- No questions presented following Section 3.

Section 4

Abuse & Neglect In Utero

ABUSE & NEGLECT IN UTERO

The **DRAFT** All County Information Notice addresses:

- Reporting Critical Incidents that are a result from harm to the fetus
 - CF abuse/neglect determined by CWS, LE &/or Coroner
 - NF certified by Physician & abuse/neglect determined by LE or CWS
 - Newborn is alive upon birth (*drawn a breath*)
 - In utero abuse/neglect contributes to a serious/ critical condition of a newborn
- Define Fetal Demise
 - Still birth or miscarriage: loss of pregnancy
 - No breath drawn after delivery
 - Not reportable to CDSS or public disclosure

ChildFatality@dss.ca.gov

POLL: ABUSE & NEGLECT IN UTERO

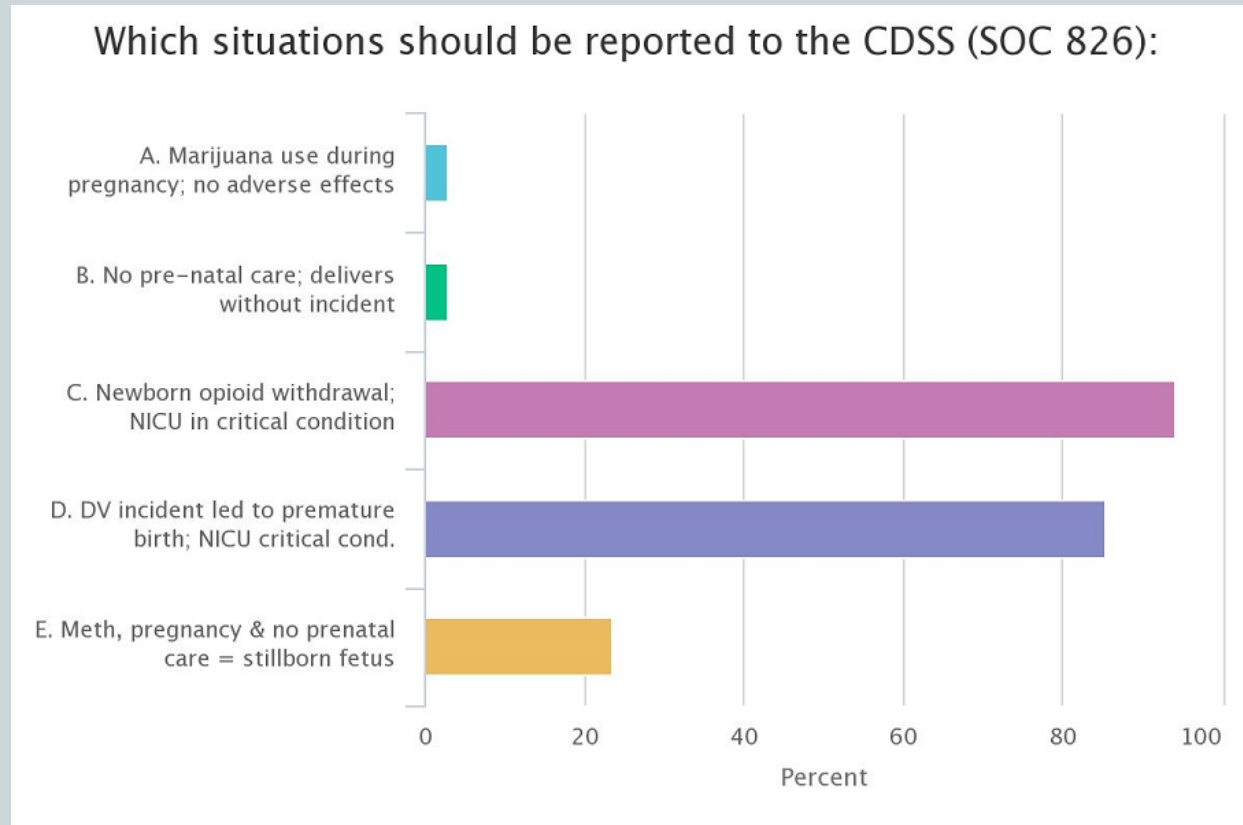
Which situations should be reported to the CDSS (SOC 826):

- A. Mom discloses marijuana use during 1st trimester and upon delivery newborn tests negative with no adverse effects identified
- B. Mom did not seek pre-natal care & delivers newborn without incident
- C. Newborn has opioid withdrawal symptoms and placed in the NICU in critical condition
- D. Mom discloses domestic violence incident in which her abdomen was hit several times by her partner (3rd trimester). The incident caused a premature delivery. Newborn was placed in NICU in critical condition.
- E. Mom & Dad disclose methamphetamine use throughout pregnancy and did not seek prenatal care. Mom delivers a stillborn fetus.

NOTES FROM WEBINAR: POLL QUESTION RESPONSES

Poll Results:

- A 3%
- B 3%
- C 94%
- D 85%
- E 24%



❖ Until official guidance, in the form of a county letter, is released, please consult child welfare agency legal staff and the CDSS on a case-by-case basis.

POLL: ABUSE & NEGLECT IN UTERO

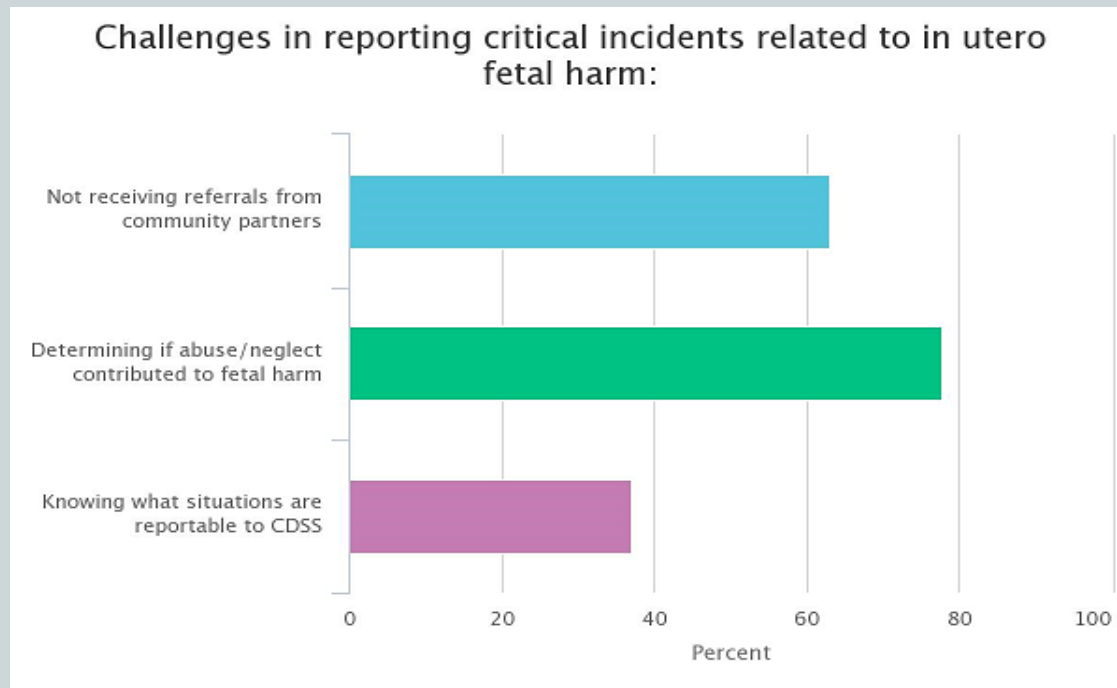
Challenges in reporting critical incidents related to in utero fetal harm:

- ☐ Not receiving referrals from community partners
- ☐ Determining if abuse/neglect contributed to fetal harm
- ☐ Knowing what situations are reportable to CDSS
- ☐ Other; *please be prepared to share specific challenges*

NOTES FROM WEBINAR: POLL QUESTION RESPONSES

Poll Results:

- A 63 %
- B 78 %
- C 37 %



- ❖ Daniel: CDSS encourages child welfare agencies to continue building relationships with community partners to ensure they are reporting instances of abuse or neglect, especially those at hospitals and coroners for reporting fatalities. CDSS will continue to work with statewide partners to support interagency collaboration at the state and local levels.

SECTION 4

WEBINAR QUESTIONS & ANSWERS

- Q1: When there is a newborn fatality and the mother used drugs while pregnant, counties find it difficult to get doctors to state whether or not the fatality was related to substance abuse in utero in order for CWS to be able to make a determination regarding an abuse or neglect allegation.
- A: This is a good opportunity to communicate to the doctor the importance of identifying if mother's drug use (or other abuse or neglect while pregnant) contributed to the infant's death. In addition, county CDRTs are also a good place to discuss these scenarios with community partners and identify if mother's substance abuse was a contributing factor in the child's death. Child Welfare can help Physician's understand the importance behind making this connection.

Thank you for your participation!

Email for Technical Assistance:

ChildFatality@dss.ca.gov

Critical Incident Website:

<http://www.cdss.ca.gov/inforesources/Child-Fatality-and-Near-Fatality>